MODULE II

2. BASIC CONCEPTS AND COUNSELING SKILLS

Session: 2.1. The Concept of Counseling

2.1. THE CONCEPT OF COUNSELING

OBJECTIVES

By the end of this session, participants will be able to:

- ❑ Define the concept of counseling
- ❑ Understand the differences between counseling and education
- ❑ Understand the goals of counseling
- ❑ Distinguish what is and what is not counseling
- ❑ Know the qualities of a counselor
- ❑ Explain the types of counseling

INTRODUCTION

Counseling is not a new domain or technique, rather it is an ancient art. In our day-to-day life we have seen that people always seek help when facing difficulties. Yet in many communities old or wise persons play the role of counselor. But the scenario has changed and the counseling profession has developed significantly.

Counseling is a helping process by one person to another. It is a human need to turn to others for help and advice. It is a two-way process. Counseling is a very important domain at present time not only for the psychologists but also for those who want to work in the community with different issues such as HIV/AIDS, IDUs or any other issue. Therefore, modern counseling approaches attempt to help individuals deal with the complexity of life.

Counseling aims to help people to:

- understand their situation more clearly;
- identify a range of options for improving the situation;
- make choices which fit their values, feelings and needs;
- cope better with a problem;
- develop life skills such as being able to talk about sex with a partner.

Counselors establish partnership with their clients, with both as active participants.

Counselors take an active role in making this happen by encouraging clients to talk about their own thoughts, problems and about issues such as safer sex. They explain that counseling is a collaborative process and that the client has the responsibility for making decisions and choices with the counselor's help. They seek agreement from their clients by asking:" Would you like us to work together to sort this out?"

Counseling is different from providing a medical service where providers generally give treatment, health information, advice and instructions to service users.

TIME: 90 minutes

MATERIALS:

Newsprint; Markers; Meta-cards; OHPs

METHODOLOGY:

Brainstorming; Group discussion; Group work; Role-play

CONTENTS

- Definition of counseling
- Differences between counseling and education
- Goals of counseling
- What is counseling and what is not counseling
- Qualities of a counselor
- Types of counseling

PROCEDURES

1. Elicit from the participants what they understand by the term counseling.
   - Record and discuss the responses given by the participants to define counseling,
   - Show definition of counseling (see **M II: Session 2.1 OHP#1a** and **1b** definition of counseling)
2. Ask the participants the differences between counseling and health education. After discussion show your **M II: Session 2.1 OHP# 2** on differences between counseling and education.
3. Through facilitative discussion, guide the participants in discussing the goals of counseling (see **M II: Session 2.1 OHP# 3** for goals),
4. Introduce role-play (see **M II: Session 2.1 Appendix# I**) and draw learning points that how difficult it was being guided by others. Explain learning points and the role of a counselor
5. Ask the participants about what is and what is not counseling. After the discussion summarize the discussion and show your **M II: Session 2.1 OHP# 4a, 4b**
6. Ask the participants about the qualities of a counselor and list out their points on a flipchart. Justify their points with logic and show your **M II: Session 2.1 OHP# 5a, 5b** on qualities of a counselor
7. Ask the participants about the approaches of counseling and explain about it. During explanation give more emphasis on non-directive style and give reasons why it is important. Explain the approach with the help of **M II: Session 2.1 OHP# 6a, and 6b.**
8. Give each participant an opportunity to ask questions.
9. Summarize the session by asking questions and testing their understanding.

Definition of Counseling

Counseling :

- is an **issue-centered** and **goal-oriented** interaction;
- is **dialoguing between a person and the care provider** and a **helping process** to make decision (s);
- helps clients to change behavior and become **autonomous to take responsibility for his or their own actions.**

HIV/AIDS Counseling Definition

HIV/AIDS Counseling is an interaction in which the counselor offers another person the time, attention and respect necessary to explore, discover, clarify ways of living more resourcefully.

Counseling is an issue-centered and goal-oriented interaction. Counseling is DIALOGUING and helping to provide options for decision-making and BEHAVIOR CHANGE. Good counseling helps another person to be AUTONOMOUS, meaning able to explore options, make decisions, and take responsibility for his or her own actions.

WHO (1994) defined counseling as follows:

A confidential dialogue between a person and a care provider aimed at enabling the person to cope with stress and make personal decisions related to HIV/AIDS.

The counseling process includes an evaluation of personal risk of HIV transmission and facilitation of preventive behaviors and appropriate referrals for care and support services.

How is Counseling different from Health Education?

Counseling	Health Education
• Confidential • Usually a "one to one" process or small group • Can evoke strong emotions in both counselor and client • Focused, specific & goal targeted • Information used to change attitudes and motivating behavior change • Issued oriented • Based on needs of the client	• Not usually confidential • Small or large groups of people • Emotionally neutral in nature • Generalized • Information used to increase knowledge and educate • Contents oriented • Based on public health needs

Goals of Counseling

Help each individual to take charge of his/her own life by:

- Providing information
- Developing the ability to make wise and realistic decisions
- Changing own behavior to produce desirable consequences

Counseling helps to:

- Understand self
- Acquire information about present and future
- Make important personal decisions
- Set realistic goals for achievements
- Develop plan for future
- Change ineffective behavior to more effective behavior
- Gain control over negative self-defeating behavior
- Develop sense of self-respect and self examination

Role Play: Trust Walk

This activity is designed to understand what are the qualities in a counselor which promote trust building, what hampers it and what does a person look for in a trust-relationship? Divide the participants into pairs. It would be useful if the partners do not know each other well. Ask one of the partners to tie a blindfold on his/her eyes and the other to guide him/her. The rules are as follows:

1. The blindfolded person will be guided by his/ her partner. Both of them have to complete a walking tour of the premises, as per the facilitator's instructions. (The facilitator should decide the walking route beforehand, and explain it to the participants.)
2. The guide will give only verbal instructions to the blindfolded person while conducting the tour. He/she will not touch the blindfolded person.
3. Once the tour is completed, the pair will switch roles and do it once again. After the tours are over (It should take about 10-12 minutes for both the partners to complete both their roles), the participants come to the larger group. The facilitator leads a discussion on the following questions.
    - What was your feeling while being guided by other?
    - Did you feel safe ?
    - Did you feel you were understood?

The materials needed for this activity are scarves/pieces of cloth to be used as blinds, chart paper and marker pens.

Allow them 30 minutes time.

M II: Session 2.1 OHP # 4a

Counseling is…

- Client-centered: specific to the needs, issues and circumstances of each individual client
- An engaging, collaborative and respectful process
- Goal centered
- Developing autonomy and self-responsibility in clients
- Considerate of interpersonal situation, social/cultural context, readiness to change
- Asking question, eliciting information, reviewing options and developing action plans

M II: Session 2.1 OHP # 4b

Counseling is not…

- Telling or directing
- Giving advice
- A conversation
- An interrogation
- A confession
- Praying

M II: Session 2.1 OHP # 5a

Qualities of Good Counselors

Qualities perceived in the counselor that can help the client feel secure enough and trust to engage in self- exploration:

- Self- confidence
- Empathy
- Non -judgmental
- Acceptance
- Genuineness
- Trustworthiness
- Confidentiality
- Competence
- Supportive attitude towards clients
- Tolerance for values that differ from one's own
- Professionalism

M II: Session 2.1 OHP # 5b

Good Counselor should stay away from:

- Pushing or threatening the client
- Offering their opinion
- Judging the client or their lifestyle
- Telling a client they 'know" how they feel
- Imposing your own beliefs
- Side-stepping the client's presented problem
- Minimizing client's problem
- Interrupting
- Taking responsibility for client's problem and decisions
- Becoming immersed in the client's situation
- Using words such as "should" and "must"
- Blocking strong emotions

M II: Session 2.1 OHP # 6a

The Client-Centered Approach

- Encourage clients to communicate their particular health need and expectations
- Know client expectations and work to ensure client satisfaction
- Give clients information in order for them to make decisions about their health
- Organize the health delivery facility to ensure that client needs and expectations are reasonably met and clients are satisfied with service
- Evaluate with clients whether they acted as they had intended, in order to meet their needs.

M II: Session 2.1 OHP # 6b

The Counselor-Centered Approach

- This is more of a doctor patient model
- The counselor defines the problems for the counselee
- The counselee has to accept the decision made by the counselor
- Counselor hardly bothers whether counselee is satisfied with the decision or not
- Counselor gives less time and chance to talk about the counselee's problems
- Counselee has to depend on what information is provided by the counselor and counselor is less bothered about empathy and proper communication

2.2 SELF-AWARENESS

OBJECTIVES

By the end of this session, participants will be able to:

- ❑ Know how individuals function emotionally
- ❑ Identify strengths and weaknesses at the personal level
- ❑ Discuss psychological difficulties or barriers at individual level, and understand approach of self-awareness
- ❑ Demonstrate increased level of self-awareness

INTRODUCTION

Self-reflection and self–awareness are integral components of counseling interaction. To be effective, counselors need to know how they themselves function emotionally. Counselors are not isolated from the fears and emotions that all people deal with when facing HIV/AIDS. Just like the clients they see on a daily basis, counselors must face their own inner feelings about HIV/AIDS. If counselors are not in touch with themselves, they cannot help others effectively. Research and experience demonstrate the importance of providing counselors-in -training with an opportunity to increase self-awareness.

TIME: 75 minutes.

MATERIALS:
Newsprint; OHPs; Markers; Meta-card

METHODOLOGY:
Brainstorming; Group discussion; Group work; Self-assessment Questionnaire

CONTENTS

- Importance and meaning of self-awareness
- Human Emotions
- Strengths and weaknesses of counselors
- Self-awareness approach: Johari Window on “The Self”
- Skills needed to enhance level of self-awareness

PROCEDURES

1. Introduces the session by explaining the meaning and importance of self-awareness.

Explain to trainees that one reason for increasing self-awareness is the importance of being genuine in a counseling interaction. Point out that the more self-aware we are, the more genuine we can be. Distribute **questionnaire on** the Disconnect Exercise. Ask trainees to take a sheet of paper and make two columns. She/he should answer the question first, as if she /he was responding to a client. Allow 10minutes for this. Then tell the trainees to answer the same question again as you really and honestly think and feel.

Now ask trainees to look carefully at their responses and at the responses they gave to the client. Ask "Are there any discrepancies?" If there are no discrepancies, point out they are being genuine and that there is no *disconnect.* If there are discrepancies, tell them they need to work out responses to the client that reflect more accurately how they really and truly feel. Allow another 15 minutes for this. Ask them to share the discrepancies they noted and the changes they have made.

Explain to trainees that a discrepancy may reflect among other things, a lack of self-awareness, which means there are areas that are unknown to you. When we increase our self-awareness we increase our capacity to be genuine. Genuineness is a fundamental quality of a counselor.

- Use **M II: Session 2.2 Appendix#1** for the Disconnect Exercise and explain to the participants about the exercise.

2. Distribute meta-cards and ask the participants to write emotional aspects of an individual feeling like anger, frustration guilt, hatred etc.
   - Ask the participants to share their experience among each other and answer the questions if there are any.
   - Show **M II: Session 2.2 OHP#1** on Human Emotions and discuss on it.

PROCEDURES (contd..)

3. Ask participants to draw a table in their notebook having two columns (a) Strengths (b) Weaknesses, and complete it. Allow 10 minutes for this task.
   - Resource person now opens the floor to discuss what participants can do to overcome weakness and improve their strengths?
   - Ask participants as individuals to explain how they think their personal strengths and weaknesses could influence the counseling process and relationship.
   - The following points should come out:
     - To be aware of how my strengths facilitate the counseling process and
     - To determine what I can do about my weakness
4. Show **M II: Session 2.2 OHP#2** on Johari Window and explain and relate the model to the participants that this is a theoretical models. By applying this one can increase self-awareness. Explain its procedures as follows:

Window 1: Known to All

This part can be viewed as our open window. It is the parts of us that we freely display and other people see, for example our attitudes and behavior. The open area of our window can be enlarged by self-disclosure.

Window 2: Blind

This part can be viewed as the blind spots of our window. It is the parts of us that we cannot see but others can for example, our body language and other aspects of our behavior that we are unaware of. The blind spots of our window can be decreased by feedback from other people.

Window 3: Hidden

This part can be viewed as the private part of our window. It is the parts of us that we know but choose not to share with others, for example our secrets or things we feel ashamed about. The hidden area of our window can be decreased by taking risks, for example by disclosing our secrets

Window 4: Unknown to All

This part can be viewed as our closed window. It is the part of us which we, and others are unaware of. This part may include our motivations, unconscious needs, anxieties and undiscovered potential. The unknown part of our window can be enlarged through the counseling process by gradually opening up memories, and by gaining of insight in to our “self”.

5. Show **M II: Session 2.2 OHP#3** for the skills of self-awareness.
6. Summarize the session by explaining that our own perception of others can impact on the counseling interactions.

The Disconnect Exercise

1. Why me?
2. Why should I tell anyone?
3. Will you be with me when I die?
4. Will I die in pain?
5. Wouldn't you kill yourself if you were me?
6. It would have been better if I had never been born?
7. Does anybody care whether I live or die?
8. What will happen to my children?
9. Is there a God?
10. Why should God put me through this?
11. Am I forgiven?

Human Emotions

- Shock and its reaction
- Numbness (stunned silence, disbelief)
- Confusion (uncertainty about present and future)
- Despair (everything is finished and ruined)
- Emotional instability (either tears or laughter)
- Stress
- Frustration
- Conflict
- Withdrawal
- Denial
- Anger
- Suicidal activity or thinking

M II: Session 2.2 OHP # 2

Johari Window

"The Self"

Known To All **1**	**Known To Others** **2**
Known To Me **3**	**Unknown To All** **4**

M II: Session 2.2 OHP # 3

Self-Awareness Skills

- Learn how to learn
- Successful counselors are self-learners
- Self-awareness is essentially awareness of self by self
- People learn and develop most when they are in control of their learning process
- Self awareness needs review of own strengths and weaknesses from time to time
- Be committed and determined to change
- Plan activities
- Take action to address problems
- Evaluate daily activities
- Review daily activities

2.3 VALUES AND ATTITUDES OF COUNSELOR

OBJECTIVES

By the end of this session, participants will be able to:

- ❑ Understand meaning of value and attitude
- ❑ Identify factors affecting value and attitude
- ❑ Know how value and attitude are formed
- ❑ Develop and use skills to change attitude

INTRODUCTION

A positive self-concept means positive values and attitude of a person. Very often our value and attitudes we have developed from very beginning till the date guide our behavior. It determines our behavior. As a counselor, it is essential to have or develop positive value or attitudes towards our life. The counselor is required to behave in a helpful manner towards clients because counseling in itself is a helping process.

Research on counselor attitudes toward HIV/AIDS has shown that Health Workers are separating HIV/AIDS information from the other health information. A survey report showed that, counselors usually were not able to discuss about a person with AIDS with his/her family members due to social denial.

TIME: 90 minutes

MATERIALS:

Newsprint; OHPs; Markers; Meta-cards

METHODOLOGY:

Brainstorming; Group discussion; Group work

CONTENTS

- Concept and issues of value and attitude
- Determining factors of value and attitude
- Skills of value and attitude change

PROCEDURES

1. Ask the participants about the meaning of value and attitude and note on flipchart.
   - Explain value and attitude in relation to self-awareness process. Ask the participants about value and attitude; compare their view with a scientific term (show **M II: Session 2.3 OHP#1**)
2. Distribute the meta-card and ask them to write factors that determine value and attitude. Come up with the list of factors of value and attitude.
   - Show **M II: Session 2.3 OHP#2**
3. Introduce value assessment exercise (**M II: Session 2.3 Appendix#1a and 1b**) and after it's ranking ask the participants why they have ranked it differently and explain that each individual has given the value on the subject as per their perception and learning.
   - Call all the participants in an open place. Tell them not to worry and motivate them to do the exercise. Allow them to work for forty minutes to one-hour time (Value continuum exercise **M II: Session 2.3 Appendix#2**) Read Value continuum exercise for session conduction.
   - List down the learning points from the class discussion on value and attitude and relate this with behavior and its change process.
4. Show **M II: Session 2.3 OHP# 3a, 3b, 3c** on skills of value and attitude.
5. Summarize the session and encourage the participants to ask questions.

Value and Attitude Definitions

" An individual's tendency or predisposition to evaluate an object or a symbol of that object in a certain way"

Katz and Scotland

"An enduring Organization of motivational, emotional and perceptual and cognitive processes with respect to some aspect of the individual's world"

Krech and Crutchfield

"Values as influencing and guiding behavior, determining which types of behavior have a positive or negative balance, but not having the character of goal".

Lewin

"Any aspect of a situation, event, or object that is invested with a preferential interest as being 'good', 'bad' desirable and the like. Values are concrete goals of action, but rather the criteria by which goals are chosen."

William

Factors Determining Value and Attitude

- Family norms
- Social learning and norms
- Cultural influence
- Peer group influence/pressure
- Education system
- Gender influence
- Individual differences
- Learning
- Motivation
- Perception
- Emotion
- Intelligence

Values Assessment Exercise

Four people are traveling in a boat. They are Shyam, Gita, Padam, and Kamala. They are friends. Shyam and Kamala are engaged for marriage. They get caught up in a storm and the boat capsizes. River sweeps them to two small islands. Shyam and Gita land on one and Padam and Kamala on the other. When the storm subsides, they discover that, the river is crocodile infested. Padam and Kamala soon discover that Mahesh, who owns a small boat, inhabits their island. Kamala asks Mahesh to take her to the other island to her fiancé Shyam. Mahesh says that he will take her only if she sleeps with him first. Kamala doesn't know what to do. Padam says to her, "If I were Shyam, I would understand if you slept with Mahesh to get to me." Eventually after much heart searching, Kamala slept with Mahesh then he takes her to Shyam.

Kamala doesn't keep her secret so she tells Shyam what she did. He immediately throws her to one side telling her he could not know how she could do such a thing and she has destroyed everything they had. Kamala is heartbroken. Whilst Kamala is walking towards the beach, Gita comes along and says, I saw what happened is awful. I am not pushing myself on to you but I want you to know that if you want me, I am available.

Put those people including Mahesh into order of 1 to 5 on the basis of which you like best through to which you liked least and also think why you do so?

Controversial Statements

1. Women with HIV Infection should not have children
2. People with AIDS should be allowed to continue work
3. AIDS is mainly a problem of people with immoral behavior
4. Males who have sex with males indulge in abnormal sexual behavior
5. People with HIV infection should be isolated to prevent further transmission
6. It is a collective responsibility to cure people with HIV infection
7. I would feel uncomfortable inviting someone with HIV infection into my house
8. Surgeons should screen all patients for HIV infections before surgery
9. I would feel uncomfortable discussing sexuality with a person of opposite sex
10. Injecting drug users should compulsorily be tested for HIV
11. It is alright for men to have sex before marriage
12. School children should not be educated about safer sex
13. Women should never have extramarital sexual relationships
14. All professional blood donors should be jailed
15. It is difficult for male counselors to talk to women clients about condom use
16. HIV infected pregnant women should abort their fetus
17. HIV test results should not be disclosed to the spouse/partner
18. Males should produce an HIV free certificate before marriage
19. HIV infected women should bottle feed their infants
20. Unmarried persons should not have sex

Value Continuum Exercise

Ask participants to sit in a circle in groups of no more than 15 or 20. Give each participant one of the following cards. Instruct them not to disclose to others what is on their particular card:

- Vaginal sex
- Anal sex
- Oral sex
- Marriage and love
- Premarital sex
- Extra marital sex
- Incest
- Wife beating
- Virginity
- Bisexual
- Drug Abuse
- Rape
- Homosexuality
- Commercial sex
- Masturbation
- Sexual harassment
- Voyeurism
- Bestiality
- Multiple sex
- Frotteurism
- Exhibitionism

Group Discussion Procedure

In the middle of the floor place two cards some distance apart: One reading acceptable to me, the other unacceptable to me. Explain to participants that these cards represent a continuum, which ranges from totally acceptable to totally unacceptable. Participants will take turns to read out the word or words on their card, say how they personally perceive it and place the cards somewhere in the continuum. Discussion is opened up for others to express their opinions on the placements of various cards. After listening to the views and opinions of other participants, explain each of the avobe continuum.

It is not the purpose of this activity to achieve agreement in terms of responses to these different topics; instead it is to explore the differences in values, which will exist in any group.

In plenary, Discuss:

How did it feel to express your own values here in this group?
How did it feel to listen to others express their values?
Were you surprised by anything?

M II: Session 2.3 OHP #3a

Skills of Attitude Change

Methods Of Attitude Change

- Suggestion situation
- Confirmation
- Group Discussion
- Persuasive Communication

Intensive information

M II: Session 2.3 OHP #3b

Skills of Attitude Change

Communication

- Prestige/credibility of communicator
- Intention
- Linking and similarity
- Fear arousing appeals

M II: Session 2.3 OHP #3c

Skills of Attitude Change

Form and Contents of Information

- Discrepancy
- One sided vs. two-sided presentation
- Order of information
- The novelty of information
- Limitation of present knowledge

Session 2.4 Counseling Skills

2.4 COUNSELING SKILLS

OBJECTIVES

By the end of the session the participants will be able to:

- ❑ Understand the meaning of communication
- ❑ Know value of communication in counseling
- ❑ Develop and demonstrate different micro verbal communication skills
- ❑ Develop and demonstrate non-verbal communication skills to conduct counseling sessions

INTRODUCTION

The goal of counseling is to explore, discover and clarify ways of living more resourcefully. To achieve this, counselors need certain interpersonal and communication skills. As a counselor one must develop mastery on communication skills. Counseling micro skills are essential for effective communication in development of supportive client - counselor relationship. As a foundation, counselors need to develop specific micro skills. These include:

- Listening and empathy
- Questioning
- Silence
- Non –Verbal behavior

TIME: 240 minutes

MATERIALS:
Newsprint; OHPs; Markers; Meta-cards; Self-assessment questionnaire

METHODOLOGY:
Brainstorming; Group discussion; Group work; Exercises

CONTENTS

- Meaning of communication
- Barriers of effective communication
- Verbal and non-verbal communication skills

PROCEDURES

1. Give brief introduction on communication and explain its relationship with counseling.
2. Ask participants what they know about the meaning of communication. List down all the ideas in newsprint and discuss in a group.
3. Display **M II: Session 2.4 OHP#1 and explain it.**
4. Distribute the meta-cards and ask participants to write at least two barriers of communication. Collect all the cards and pin them on the soft boards. Clarify the points given by the participants.
5. Display **M II: Session 2.4 OHP# 2** on barriers of communication and explain it. The resource person also needs to explain its relationship with counseling skills.
6. Elicit from participants what communication skills they know. Record them and discuss the responses.
7. Reflecting on the participants responses, highlight the different communication skills through **M II: Session 2.4 OHP# 3a, 3b to 10**
8. Explain about micro nonverbal communication skills through **M II: Session 2.4 OHP# 10 to 14**
9. Summarize the session and generate the learning points from the participants.

M II: Session 2.4 OHP #1

What is Communication

Communication is the foundation of all interpersonal relationships. Through communication we reach understanding of each other, learn to like, influence and trust each other, start and end relationships, and learn about ourselves and how others see us.

M II: Session 2.4 OHP #2

Barriers of Communication

- Selective perception
- Not Interested in the information
- Emotional interference
- Past experience
- Double meaning of word or sentence
- Use of jargons
- Guessing
- Poor delivery
- Improper use of media
- Defensive behavior

Active Listening

- Eye contact (culturally appropriate)
- Demonstrate attention, e.g. nodding
- Encouragement, e.g. “Mm-hmm”, “Yes”
- Minimize distractions, e.g. Television, telephone, noise
- Do not do other tasks at the same time
- Acknowledge the client’s feeling, e.g. “I can see you feel very sad”
- Do not interrupt the client unnecessarily
- Ask questions if you do not understand
- Do not take over and tell your own ‘story’
- Repeat back the main points of the discussion in similar but fewer words to check you have understood the client correctly (paraphrase, reflect feelings, clarify, summarize)

Active Listening

While listening, the counselor should pay attention to the following:

- The client’s experience: what the client sees as happening or not happening to himself or herself;
- The client’s behavior: what the client does or fails to do;
- The client’s feelings: the emotions that arise from experience and behavior;
- The client’s problems and worries: client’s explanations rather than counselor assumptions;
- The counselor’s body language: the gestures, facial expressions, intonation, distance, etc., that indicate the counselor is listening and understands what the client is saying;
- The client’s perceptions: the client’s point of view when talking about his or her experience, behaviors, and feelings.

M II: Session 2.4 OHP #4

Checking Understanding Skills

Checking understanding skills is important because it:

- Lets the person know we have been listening carefully
- Lets the person know we are trying to understand
- Gives the person the opportunity to think again about the problem, and may help him/her to begin thinking of how to deal with the problem It helps the counselor to:
- Identify feelings and emotions of the client
- Understand the feeling/experiences without hurting the client
- Know the real meaning what he/she meant
- Check the fact by repeating and reflecting asking indirect questions

M II: Session 2.4 OHP #5a

Reflecting Feelings

Reflecting feelings is similar to paraphrasing, but it deals specifically with a client's feelings. Counselors reflect feelings by formulating responses that:

- Demonstrate understanding;
- Identify basic feelings being expressed verbally or non-verbally;
- Recognize the level of intensity of a client's feelings;
- Capture the association of feelings to words;
- Confirm that the client's feelings are normal.

M II: Session 2.4 OHP #5b

Reflecting Feelings

Below are useful phrases to reflect feelings in a counseling context, particularly when the client is primarily expressing feelings and not giving clues about the association:

- "You feel (feeling word: sad, anxious, relieved) because (paraphrase) . . ."
- "You seem (feeling word: confused, happy, excited). What's happening to you?"
- "How are you feeling about that?"

M II: Session 2.4 OHP #5c

Reflecting Feelings

Occasionally reflecting feelings can be ineffective, particularly when the counselor:

- Paraphrases CONTENTS without naming or prompting for a feeling
- Uses feeling words of a very different intensity from those used by the client
- Uses psychoanalysis, a cold tone, and/or clinical jargon
- Adds judgmental interpretations of CONTENTS

M II: Session 2.4 OHP #6a

Paraphrasing

Paraphrasing in the counseling session is meant to:

- Show that the counselor is paying attention to the client
- Facilitate understanding
- Validate the client's statements
- Encourage the client to explore his or her concerns further

M II: Session 2.4 OHP #6b

Paraphrasing

Occasionally paraphrasing can be ineffective, particularly when the counselor

- Repeats exactly what the client said
- Uses technical language
- Is judgmental
- Debates the client
- Fails to gain the client's acceptance of the paraphrase

M II: Session 2.4 OHP #7

Probing

- Probing skill helps the counselor to elicit clients concern in terms of specific experiences, feelings and behaviors
- Probing also helps identify themes that may emerge during exploration
- Probing helps client explore his/her initial concerns and examine issues fully or explore different goals.
- Probing encourages and prompts client when client fears to express feelings spontaneously
- While using probing skills with an annoyed client, the counselor can use a statement like, “I can see that you are angry. I have some idea of what it’s about, but maybe you could tell me more.”

Such probing statements are indirect invitations for clients to elaborate on their experiences. Behaviors or feelings for example, “I love my fiancé, but am hesitating to marry her”. The counselor can probe by using the following interjection.:”Hesitating in agreeing to marry her : Could you please elaborate on that?”

M II: Session 2.4 OHP #8

Summarizing

- Sometimes it is helpful for the counselor to interrupt and summarize what both counselor and client have said.
- Summarizing can also guide and direct clients as they try to sort out emotions, deal with practical matters, and make plans.
- At the end of each session, the counselor should summarize the salient points of the discussion and highlight decisions that have been made and need to be acted upon.
- This skill helps to consolidate ideas and enhance learning

Confronting

- Confronting is a communication technique used to reflect a contradiction expressed by a client.
- Contradictions include differences between self-perception and behavior; between verbal and non-verbal messages; or between two different verbal messages.
- A confrontational message should be given in a neutral tone.

Questioning Skills

When asking questions

- Do ask one question at a time
- Do look at the person
- Do be brief and clear
- Do ask questions that serve a purpose
- Do use questions to help the client talk about their feelings and behaviors.
- Do use questions to explore and understand issues and to heighten awareness
- DO NOT ask questions simply to satisfy curiosity:
  - Irrelevant questions may cause people to feel pushed or reluctant to answer
  - Too much time may be spent thinking of questions rather than actively listening
  - Too many questions will be experienced as intrusive and similar to an interrogation

Closed questions

- A closed question limits the response of the client to a one word answer
- Closed questions may not require clients to think about what they are saying. Answers can be brief and often result in the need to ask more questions.

Open questions

- An open question requires more than a one word answer.
- Open questions generally begin with “what”, “where”, “how” or “when”.
- They invite the client to continue talking and to decide what direction they want the conversation to take.

Leading questions

Leading questions are questions where the counselor guides the client to give the answer they desire. These questions are usually judgmental.

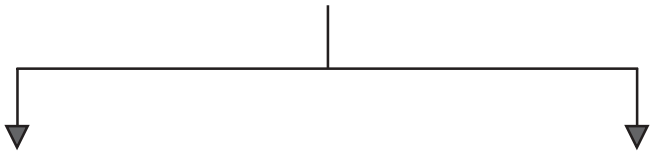
M II: Session 2.4 OHP #11

Non-Verbal Communication can be conveyed through:

- The distance we stand from others
- The way we structure the physical environment in which we work and live
- The way we sit, stand, walk and make eye contact
- Our environment at home, work or school
- Gestures
- Signing, crying, frowning, smiling, laughing
- The way we look-hair, face, body
- The clothes we choose to wear
- Masculinity / feminity and
- Tone of voice

M II: Session 2.4 OHP #12

Micro Non-Verbal Communication Skills



Body Language	Paralinguistic
• Gesture • Facial expressions • Posture • Body orientation • Body proximity/distance • Eye contact • Mirroring • Remove barriers (e.g. desks)	• Signs • Grunts • Groans • Voice pitch change • Voice volume • Voice fluency • Nervous giggles

Supportive Behavior

Verbal	Non-Verbal
• Uses language that the client understands • Repeats the client's story in other words • Clarifies client's statements • Explains clearly and adequately • Summarizes • Encourages: "I see", "Yes", "Mm-hmm" • Addresses client in a manner appropriate to the client's age • Speaks at an appropriate pace	• Uses a tone of voice similar to the client's • Looks client in the eye (as appropriate) • Nods occasionally • Uses facial expressions and other gestures • Keeps suitable conversational distance

Non-Supportive

Verbal	Non-Verbal
• Advising • Preaching and moralizing • Blaming, judging and labeling • Cajoling (persuading by flattery or deceit) • Excessive reassuring • Encouraging dependence • Patronizing (condescending) attitude • Criticizing or censuring	• Looking away frequently • Keeping an inappropriate distance • Frowning, scowling and yawning • Using an unpleasant tone of speech • Speaking too quickly or slowly • Having a blank facial expression • Staring • Moving around too much, fidgeting

2.5 THE PROCESS OF COUNSELING

OBJECTIVES

By the end of this session, participants will be able to:

- ❑ Explain the stages of counseling
- ❑ Understand the role of a Counselor
- ❑ Develop the deeper understanding of counseling process
- ❑ Develop and demonstrate various skills of counseling

INTRODUCTION

To become a skilled counselor one has to have good understanding and command of stages of counseling and its process. The counseling process is like a map that helps the counselors to know what to do as they interact with a client. At any given moment, it also helps to orient the counselor, to understand where he/she is with the client and what kind of intervention would be most helpful. There are many steps come under counseling process. However, at least a counselor should know three stages of counseling process. In practice the three stages overlap and interact with one another greatly. Therefore, proper understanding and practice of counseling skills is an assential part of the session.

TIME: 120 minutes

MATERIALS:
Newsprints; OHPs; Markers; Meta-cards; TV; Video/VCR

METHODOLOGY:
Lecture; Group discussion; Group work; Case studies; Role-play

CONTENTS

- ➢ Stages of counseling
- ➢ Dos and Don'ts
- ➢ Errors in counseling
- ➢ Difficult moments in counseling

PROCEDURES

1. Ask the participants about the different stages of counseling and write their responses on flip chart.
   - Highlight the main stages of counseling and show **M II: Session 2.5 OHP#1 to 5**
2. Introduce the topic by dividing the participants into groups. Give the participants a case so that they can perform role play (**M II: Session 2.5 Appendix# 1**)

Note: *There are 8 cases given for role-play. Read them properly and use it according to your choice.*

   - Tell the participants to evaluate the role-play and give feedback. Feedback should include **M II: Session 2.5 OHP# 6 to 9** on dos and don'ts in counseling, errors in counseling and difficult moments in counseling)

3. Role-play: Pair up the participants and give them role-play story (**M II: Session 2.5 Appendix#1a-1f role play story**). Allocate observer turn by turn who will evaluate the process of counseling conducted by each group and on the basis of observation sheet with observer will have to give feedback to the group (**M II: Session 2.5 Appendix# 2a**) All the role play will be recorded with video camera (The camera can either be hired or can be operated by the resource person himself/herself, if skilled. If hired, some specific instructions should be given to the operator such as: focusing on action of counselor and counselee) which will be shown afterwards in front of the group and feedback will be given by the resource person.
   - Participants should go to pre-identify places where they can conduct realistic counseling sessions and resource person observe their session and comments or feedback should be given immediately to the participants after the session.
   - All the participants resume the next session and each participant present positive or negative points they have faced while conducting the counseling session.
   - The counseling process can be summarized as rapport building, exploring listening to the problem, helping the client to make decision and action plans.
   - Ask the participants what they have learned from this sessions and list out the learning points.
4. The resource person gives an opportunity for question and answer.

M II: Session 2.5 OHP#1

Stages of Counseling

- Stage One
- Stage Two
- Stage Three
- Stage Four

M II: Session 2.5 OHP# 2

Counseling Process-Stage One

To form rapport and gain the client's trust:

- Assure confidentiality and discuss limits of confidentiality
- Explain roles and boundaries of the counseling relationship
- Describe what the counselor can offer and their method of working
- Statement from the counselor about their commitment to work with the client
- Explore the problem(s), asking the client to tell their story

M II: Session 2.5 OHP#3

Counseling Process-Stage Two

To define and understand roles, boundaries and needs:

- Clarify client's expectations
- Establish and clarify client's goals and needs
- Prioritize client's goals and needs
- Take detailed history taking-telling the story in specific detail
- Explore client's beliefs, knowledge and concerns

M II: Session 2.5 OHP#4

Counseling Process-Stage Three

In the process of ongoing supportive counseling:

- Foster a continued expression of thoughts/feelings
- Identify options
- Identify existing coping skills
- Develop further coping skills
- Evaluate options and their implications
- Enable behavior change
- Support and sustain work on client problems
- Monitor progress towards identified goals
- Refer as appropriate

M II: Session 2.5 OHP#5

Counseling Process-Stage Four

To close or end the counseling relationship:

- Client acts upon plans
- Client manages and copes with daily functioning
- A support system is identified and accessed
- Identifies strategies for maintenance of change
- Discusses and plans closure
- Assures the client of the options to return to counseling as necessary

M II: Session 2.5 OHP#6a

Do's In Counseling

- Remain clam and stable. Allow clients to express their feeling
- Encourage the person to tell his/her problem
- Remove the hesitation to accept the problem
- Listen and establish precipitating factors as the clients relates their story

M II: Session 2.5 OHP#6b

Do's In Counseling

- Appreciate the person having disclosed his/her problem
- Help the client generate alternatives to solve the problem
- Assist the client and identify those areas that something can be done about
- If needed and possible refer the client to the right place
- Accept their feedback seriously and use them properly

M II: Session 2.5 OHP#7a

Don'ts in Counseling

- Don't interrupt the client
- Don't confront
- Don't challenge
- Don't laugh at client
- Don't loose temper in any circumstances
- Don't boast of yourself
- Don't show attitude of counselors superiority

M II: Session 2.5 OHP#7b

Don'ts in Counseling

- Don't order your client
- Don't use technical words or many acronyms (VCT or FSW...)
- Don't criticize
- Don't threaten your client
- Don't give advice
- Don't argue with your clients

Common Counseling Errors

- ***Controlling***, rather than encouraging, the client's spontaneous expression of feelings and needs
- ***Judging***, as shown by statements that indicate the client does not meet the counselor's standards
- ***Moralizing***, preaching, and patronizing - telling people how they ought to behave or lead their lives
- ***Labeling***, making assumptions about the person rather than trying to find out their motivations, anxieties and fears
- ***Unwarranted reassuring*** - trying to induce optimism by making light of the client's own version of a problem
- ***Not accepting*** the client's feelings - saying they should be different

Common Counseling Errors

- ***Advising***, before the client has had enough information or time to arrive at a personal solution
- ***Interrogating*** - using questions in an accusing way ("Why?" questions may sound like an accusation)
- ***Encouraging dependence*** - increasing the client's need for the counselor's continuing presence and guidance
- ***Cajoling*** - persuading the client to accept new behavior by flattery or deceit
- ***Impatience*** - giving no time for rapport and trust to develop

Difficult Moments In Counseling

- Client uncomfortable with counselor's gender
- Counselor short of time
- Counselor unable to establish good rapport
- Counselor and client know each other socially
- Client talks continuously and inappropriately
- Client flirts with counselor
- Client asks personal question of counselor
- Counselor embarrassed by subject matter
- Silence and Crying
- Clients threatens suicide
- Client refuses help

Case for Role Play

Case No. 1

Deewakar is a 22-year-old college student. He has been on drugs with a group of his college mates for the past 2-3 years and they regularly inject heroin at parties. He heard about AIDS on the radio and decided to go for an HIV test. The result was positive. He has just received the result and is feeling very depressed and suicidal. He does not know whom to turn to among his friends and family. He comes to a counselor for help.

Case No. 2.

Rupa, a 30 year old woman, has been married to Bidur for 7 years and they have a 5- year old son. Bidur works with and Electronics Company and travels out of town quite often. He recently confessed to Rupa that he had tested HIV positive and it was due to the occasional one night stands with call-girls during his out of town trips. Upon his insistence, Rupa went to have her blood tested for HIV antibodies. She has also tested positive and is very upset about it. She is feeling a sense of anger and betrayal towards Bidur. Before talking to Bidur, she comes to a counselor to find out more about HIV/AIDS and decide what to do next.

Counseling Scenarios

Scenario 1: Puspa

Puspa is 25, a young wife and mother of three children, ages 6, 4 and 1. Her husband is a construction worker who spends about 10 months of the year in India where he has found work. She has several friends whose husbands also leave for long periods of time in order to have an income. They have talked about how their husbands probably do not want to go without sex for such long periods of time, despite the reassurances they may give their wives on their visits home. They realize that what they refer to as the "realities of the world" mean that their husbands could be carrying STIs back to them or, even worse, HIV. They are not sure, however, what to do to protect themselves.

Scenario 2: Nima

Nima is a 28-year-old man who is the husband of a 25-year-old woman and the father of three children, ages 6,4 and 1. He is a construction worker who travels to India several months out of the year to find work. He is gone about 10 months of the year. He misses his family and is determined to be a good husband and father in spite of the long absences. He also misses having sex when he is away, and so sometimes he sleeps with young women in the area where he works. He does not consider them sex workers, but young women in need of some extra money. He has learned about STIs and HIV/AIDS through conversations with fellow workers and is beginning to wonder whether he should be worried about this. He would not want to infect his wife, so he thinks he should use condoms when he is out of town and not when he comes home to his wife in Nepal.

Kishor is a 32 year old married man with two children. He has been having an affair with another married woman, Usha, for the last two years. A friend of Kishor has recently been found to be infected with HIV. Kishor is worried about his wife and children. He comes to you anxiously seeking help.

Case for the Role-Play

Dinesh asked me to go home with him after the party. I was happy to be with him because I love him like anything. But I am also afraid of my family members especially with my brother because they don't like me to go with him before marriage. But then I thought, other family members will be there and after sometime I am going to return to my house and every thing will be all right.

When we reached his home, he took me to his room rather than the living room and started to touch and kiss me. At the beginning I tried to stop him but then I let him do more. I started to participate in it myself. By the time I left the house I was feeling rather tensed and feared because we had unsafe sex. I started to think that I might get pregnant and also about HIV and STI problems. I also developed the feeling of guilt for my act. How can I trust his sexual history without knowing him properly? I couldn't sleep and decided to talk with my friend. After the discussion with my friend I decided to go for the counseling session.

Ekta runs a small vegetable stand in the market. Her husband is a long distance truck driver who is frequently out of town. Ekta occasionally exchanges sex for money in order to ensure that her children have adequate food and clothing. She has been to you several times with symptoms of STIs, and has received treatment at the clinic. As Ekta's counselor and a person she trusts, you are trying to convince her to use condoms in order to protect her health.

Arati: -

You are a regular family planning client. You have been using pills for about one year. You've come to see the Health Worker because of burning, itching and unusual discharge from genital area. You think that these problems are a result of your husband's failure to bathe before you have sex. You know of condoms as something used by prostitutes or by men who are cheating on their partners. You've heard that men consider using a condom like "eating a sweet with the wrapper." You've never discussed sex with your husband and can't imagine doing so

Health Worker: -

Your client, Arati, has come to you with symptoms of an STI, but you discover that she thinks her symptoms are caused by the failure of her husband to bathe before having sex. You counsel her about STIs and HIV/AIDS, how they are spread, and the dangers of these diseases. Then you try to counsel her on using condoms for prevention.

Observer's Checklist

Active Listening Skills

Please put a check mark on the blank space provided if the following behavioral indicators are observed of the counselors . Give your comments in the "Comments/ Remarks" portion. These indicators reflect important elements of active listening.

S.No.	Skills	✓	Comments/Remarks
1	Rapport Building		
2	Discusses confidentiality		
3	Clarifies roles and boundaries of counselor		
4	Communicates clearly		
5	Has eye contact		
6	Makes client feel at ease		
7	Demonstrates warmth and openness		
8	Demonstrates acceptance and non-threatening approach		
9	Uses relaxed/calm tone of voice		
10	Shows sensitivity to client's non-verbal cues		
11	Creates an atmosphere of trust		
12	Allows client to ventilate and express evaluation, ideas, thoughts, feelings, etc		
13	Uses appropriate body language like nodding of head, touching if appropriate		
14	Assists the client in identifying and clarifying his/her problem		
15	Provides information needed		
16	Is objective and non-judgmental		
17	Reflects and paraphrases statements to clarify and validate client's verbalizations		
18	Uses simple words and allows silence when appropriate		
19	Guides discussion without leading		
20	Generates alternatives		
21	Helps to take decisions		
22	Identifies the strategies		
23	Implements the plan		
24	Determines the time of next visit		
25	Refers		

2.6 MOTIVATING CHANGE IN HEALTH BEHAVIOR

OBJECTIVES

By the end of this session, participants will be able to:

- ❑ Know the meaning of behavior
- ❑ Describe the phases in the process of changing behavior
- ❑ Demonstrate awareness of the phases of behavior changes during counseling for sexual behavior change
- ❑ Describe strategies for overcoming obstacles to behavior change

INTRODUCTION

Changing behavior can be an extremely difficult and complex task. There are many behaviors that people commonly try to change with varying degrees of success—for example, they might want to stop smoking, to exercise more, to eat fewer sweets, or to arrive at work on time.

When we counsel people about STIs/HIV/AIDS, we usually encourage them to change their sexual behavior. We might counsel the client to use condoms every time he or she has sex, to have only one partner and be mutually faithful, or to talk about sexual concerns with his or her spouse. We encourage behavior change because we have determined that the client is behaving in some way that puts him or her at risk of getting an STI or because the client already has an STI in both cases or in many other respect behavior change is helpful to protect people and lead happy life.

TIME: 60 minutes

MATERIALS:
Newsprint; OHPs; Markers; Meta-cards; Self-assessment questionnaire

METHODOLOGY:
Brainstorm; Interactive discussion; Exercises

CONTENTS

- Definition of behavior
- Factors in sexual behavior change
- Process of behavior change
- Obstacles to behavior change

PROCEDURES

1. Ask the participants about meaning of behavior. List on flipchart. Show **M II: Session 2.6 OHP# 1** on behavior.
2. Discuss with the participants about the sexual behavior determinants and summarize the discussion. Show **M II: Session 2.6 OHP#2**.
3. Explain that we will begin the session by looking at behavior change in our own lives to better understand this difficult, complex process. Ask participants to think about a behavior change they have recently made or tried to make. Provide some examples, like stopping smoking or drinking, eating healthier foods, or exercising more.
   - Ask for a volunteer to share the specific behavior that he or she changed or tried to change. Ask the volunteer the following questions:
   - Try to remember when you first became aware that this particular behavior might be a problem. How did you become aware that the behavior was harmful? From what sources did you receive information?

PROCEDURES (contd...)

List the responses on the newsprint labeled "Information."

Remember when you actually started to change. What happened to get you started in trying to change the behavior? How long was it between the time you realized the behavior was harmful and the time you actually started to change? What attitudes initially prevented you from trying to change? (For example, smokers might deny that they will ever get sick or say they find the behavior too pleasurable o give up etc)

List the responses on the newsprint labeled "Motivation"

- What things got in the way of your changing? What was the most difficult obstacle for you to overcome in making the change?

List the responses on the newsprint labeled "Obstacles"

- Did anybody or anything help you along the way (for example, friends, family, temple, community, messages in the mass media)?

List the responses on the newsprint labeled " support".

4. Ask for another volunteer to share the behavior he or she tried to change and ask him or her the same questions, noting responses on the appropriate flipchart. Repeat with a third volunteer (if time permits)

5. Show **M II: Session 2.6 OHP# 3**, Phases in the Process of Behavior Change, then present the following model for the process of behavior change:
   - Explain that the model is not static—individuals may move forward and backward as they try to change behavior. They may be successful for a period of time, then revert back to their old behavior and require motivation to try again.
   - Emphasize that *information alone is rarely enough to change behavior*. For example, simply giving information that STIs/HIV can be spread through sexual intercourse will not result in the client using a condom.
   - The phases are helpful in determining a client's needs. Does the client lack information? Or is the client aware of the risks of his or her behavior but still has not changed? Cite appropriate example

6. Summarize the key points:
   - People adopt habits and behaviors for a variety of reasons. Changing behavior is often a gradual and complex process. Counselors must support their clients at whatever point the client might be at in this behavior change process by: providing them with information, motivating them, helping them to overcome obstacles, and providing support as they try to change.
   - Sexual behavior change is especially difficult because the rewards of safe sexual behavior for prevention of disease are distant (no diseases in the future), but the rewards of unsafe behavior are immediate and positive (sexual gratification, presents, money, status, etc.).

Behavior

B = f (O x E)

Behavior is a function of Organism and Environment

Behaviour is the aggregate of the responses or reactions or movements made by an organism in any situation.

Factors Related to Changing Sexual Behavior to Prevent STIs/HIV/AIDS

Information

For sexual behavior change to prevent STIs/HIV/AIDS, a person should know:

- How STIs and HIV are spread and are not spread
- How to prevent STIs
- Signs and symptoms of STIs
- Where to obtain condoms and how to use them correctly
- Consequences of STIs, HIV/AIDS
- "Safer sex" practices

Attitudes/Beliefs

Following are some attitudes/beliefs that will help a person to change behavior:

- What health workers tell me is true
- Anybody can get STIs or HIV
- A magic "vaccine" or cure will not save me
- Users of condoms are not good or bad people or promiscuous
- I am in control of my own health, and believe I can change
- The sacrifices required to change are worth it

Skills

These are some of the skills that a person needs to be able to change:

- Communicating with one's partner
- Negotiating new sexual practices with one's partner
- Getting, keeping, and using condoms properly
- Planning in advance for sexual activity

Environmental Supports

These are some of the external things that help a person to change:

- Partner's willingness to change
- Emotional support when change becomes difficult
- Readily available and affordable condoms
- Cultural practices that do not encourage or support unsafe sexual practices

Phases in the Process of Behavior Change

Information

We often become aware of the need to change by receiving information. But information alone is rarely enough to cause us to change.

Motivation

We often actually get started on a change as a result of a personal experience or crisis that provides us with the motivation to try a difficult change.

Obstacles

Almost all of us stumble along the way to change, either because of our own personal obstacles, or obstacles that others put in our way.

Support

To succeed, most of us receive some form of support. Support comes from something we find within ourselves and/or from peers, family, and others who are important to us.